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* SL0Y228J0001 / LKK Auto Consultants Pte Ltd [159721] ENTRY DATE & TIME: 19/08/2022 13:02 (SGT) SUBMITTED BY: LKK Auto BM * VERSION: 1 (19/08/2022 13:02 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Please report <u>correctly</u> the details of the accident to speed up the claims process.
 This Form must be <u>completed by the Policyholder and/or the Actual Driver</u>

3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.

4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.

5. Any false reporting may be referred to the Police for investigation.

- 6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.

 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

, , , , ,	*
ACCIDEN	T STATEMENT
Date of Submission	19/08/2022 13:02 (SGT)
Reported by Date of Accident	Driver
	19/08/2022 08:30 (SGT)
Exact Location of Accident Additional Location Information	Bras Basah Rd, Singapore
Country/State of Loss	Singapore
Country/State of Loss	Singapore
DETAILS O	F OWN VEHICLE
Vehicle Registration Number	YP9744Y
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	ANG KEE LOGISTICS PTE. LTD.
Company Reg No	2XXXXX311H
Email Address	chrisdesagon@grnail.com
Mobile Phone No	(Phone) +65-90115832
Alternative Phone No	-
VEHICLE PARTICULARS	
Manufacturer	Hino
Model	XZU710R
Variant	-
Exact purpose for which vehicle was being used at time of	
accident	Employment
Are you claiming under your own insurance policy for repair to	No - Reporting only
your vehicle?	Commercial vehicle
Vehicle Category	Company of the Compan
Transmission CC	Manual 4009
	4009
INSURANCE COMPANY	
Name of Insurance Company	MSIG Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	P 90431022 MKC
DRIVER	
Name of Driver	FARAZI SAJIB
Passport No/FIN	GXXXX163L
6.1.01.01	10/00/100

12/03/1995

Outdoor

Date Of Birth

Occupation

Date Of Driving Pass	26/03/2020	
Driving experience	2 YEARS AND 5 MONTHS	
Gender	Male	
- Mobile Number	(Phone) +65-93411369	
	(1 110110) 100 00111000	
Alt. Phone Number	- Lister Orangil com	
Email Address	chrisdesagon@gmail.com	
Address	28 TOH GUAN ROAD EAST	
Address complement	-	
Postcode	608596	
Is the driver the policyholder?	No	
If No, Relationship of the Driver with the Insured	Employee	
II No, Relationship of the Driver with the insured	No	
Does Driver Own Other Vehicles?	NO	
Vehicle Registration Number of Other Vehicle Owned by Driver		
rite a transfer of the contraction of the Contracti	-	
Insurance Company of Other Vehicle Owned by Driver	-	
GENERAL INFORMATION OF THE ACCIDENT		
Type of Accident	Collision - Head to Rear	
Type of Accident Weather Conditions	Clear	
	2-90 A 200 A 2	
Road Surface	Dry	
OTHER INFORMATION		
also to also also seems and the seems of the		
	No	
Was any foreign vehicle involved in the accident?	2	
Number of vehicles involved in the accident		
Was anybody injured in the Accident?	No	
Was any injured conveyed to hospital by ambulance?		
Was any other vehicle or property damaged?	Yes	
Number of Passengers (Including Driver)	2	
Has the driver been approached by unknown person(s)		
soliciting/offering accident claims assistance?	No	
Translator's name	-	
	_	
Translator's ID		
Translator's phone number	5.	
Translator's email		
Original language used in the statement	-	
PASSENGER 1		
FAGGENGEN	7.00	
Name	ZHU	
Gender	Male	
DETAILS OF POLICE ACTION		
DETAILS OF FOLIOE NOTION	harden arrangal management	
Was the assident reported to the police?	No	
Was the accident reported to the points.	No	
Was notice of intended Prosecution given?	NO	
If yes, against whom?	*	
CIRCUMSTANCES OF ACCIDENT		
PLEASE REFER TO SKETCH PLAN		
PLEASE REFER TO GRETOTT E. W.		
ATTACHMENT(S)		
Are accident photos available for attachment?	Yes	
Was there any video captured by Car Camera?	No	
		Unit of Classes
DETAILS OF OTH	ER VEHICLE PROPERTY 1	
等。全种的现在分词是一种企业的企业,但是一个企业的企业。		
Vahicle Registration Number	SHA3095G	
Vericle registration range.	311A3030Q	
Vehicle Manufacturer		
Vehicle Model	•	
Vehicle Variant		

Vehicle Variant

Vehicle Colour	-
Vehicle Category	Tax
Name of Driver	-
Contact Number	-
Address	-
Address complement	
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

IMPORTANT NOTICE

- 1 "Clease report correctly the details of the accident to speed up the claims process
- 2 This Form must be completed by the Policyholder and/or the Actual Driver
- 3 Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 4 The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies
- 5. Any false reporting may be referred to the Traffic Police Department for Investigation.
- This report will be forwarded by the insurers to the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8 Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that

(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:

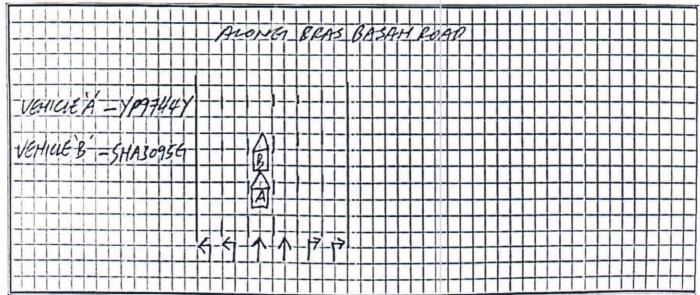
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims.
- (ii) investigating the accident and/or my claims;
- (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
- (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages), and/or
- (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their layers and firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Sketch Plan



ON THE STATED PATE AND TIME. I, VEHICLE'A WAS TRANSLUNG ON THE STATED VENUE. THE TRAFFIC LIGHT WAS RED. INHILE WATTING FOR THE TRAFFIC TO THEN GIREEN. MY LORRY ACCIDENTALLY INCH FORMARD AND TOUCH ONTO VEHICLE'S B REAR PORTION.
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LIGHT WAS RED. WHILE WATTING FOR THE TRAFFIC TO TURN GREEN. MY LORRY ACCIDENTALLY INCH FORMARD AND TOUCH ONTO VEHICLE'S B' REAR
TO TURN GREEN. MY LORRY ACCIDENTALLY INCH FORMARD AND TOUCH ONTO VEHICLE'S B' REAR
FORMARD AND TOUCH ONTO VEHICLE'S B' REAR
portion.

Declaration

IWe declare the face grad particulars are true in every respect

Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time Winessed by Reporting Centre Personnel (Name as in NRIC1D card)

2

Date of Accident	: 19/08/2022 Accident Time: 0830 (24-HR-Format)
Accident Place	: ALONG BRAS BASAH RUAD
Vehicle. No. (Car Plate No.)	: YP9744Y Make/Model: HINO XZ4710R-4.0 1471.
Insurace Company	: MSIG Policy No: 990431022 MKC
Owner or Company Name /IC No.	: ANG KEE LOGISTICS PTE LTD
Owner or Company Contact No.	: 90115832 Owner's HpCompany Tel
DRIVER'S Name / IC No.	: FARAZI SAJIB (G8663163L)
DRIVER'S Date Of Birth	: 12/03/1995 DRIVER'S License Pass Date 26/03/2010
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling Employed Others:
DRIVER'S Address	: 28 TOHGUAN ROAD EAST S608596
DRIVER'S Contact No J Alt No.	:1) 934/13692)
DRIVER'S Occupation	: INDOOR OUTDOOR (e.g. working inside or outside office)
Email Address	: CHRISDESAGON @ GMAIL-COM
Weather & Road Surface	CLEAR & DRY RAINING & WET AFTER RAIN & WET
Reporting Type	Reporting Only\ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including D	river): <u>02</u>
Was there any video Captured by ca Exact purpose for which vehicle wa Any Injury (If YES, Pls state):	s being used at the time of accident: Private use Work purpose
Other l	Party Driver's Particular (if any)
Vehicle. No: SHA 3095	Vehicle. No:
Vehicle Make\Model:	Vehicle Make\Model:
Name Driver:	Name Driver:
IC No. Driver/Contact:	IC No. Driver/Contact:
* NEW - Passenger's name &	& gender:

ZHU-MALE



MSIG Insurance (Singapore) Pte. Ltd.
4 Shenton Way, #21-01, SGX Centre 2, Singapore 068807
Tel +65 6827 7888, Fax +65 6827 7800
Co.Reg No. 200412212G GST Reg. No. 20-0412212G
A Member of MS&AD INSURANCE GROUP

CERTIFICATE OF INSURANCE

ROAD TRANSPORT ACT 1987 (MALAYSIA), ROAD TRANSPORT (AMENDMENT) ACT 2019 (MALAYSIA)

THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP. 189 OF THE REVISED EDITION)

(REPUBLIC OF SINGAPORE)

THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1996 EDITION (REPUBLIC OF SINGAPORE)
OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF.

COMMERCIAL VEHICLE Comprehensive

Certificate No.

P 90431022 MKC

Excess: SGD700

Windscreen Excess: SGD100

- Index Mark and Registration Number of Vehicle YP9744Y
- 2. Name of Policyholder Ang Kee Logistics Pte Ltd
- Effective Date of the Commencement of Insurance for the purposes of the Act 19/12/2021
- Date of Expiry of Insurance 18/12/2022
- Persons or Classes of Persons entitled to drive*

Any other person provided he is driving on the Policyholder's order or with the Policyholder's permission.

*Provided that the person driving is permitted in accordance with the licensing or other laws or laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use *

Use in connection with the Policyholder's business. Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business. Use for social domestic and pleasure purposes. The Policy does not cover

- (1) Use for hire or reward or for racing pace-making reliability trial or speed-testing.
- (2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risk and Compensation) Act (Chapter 189) and Chapter 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

This Certificate is not transferable to a new owner of the vehicle. If for any reason the Policy is terminated during its currency, the Certificate must be returned to the insurer within 7 days of the termination or if the Certificate has been lost or destroyed, a Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offense under the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189).

I/WE HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia) or any Amendment, Act or Acts passed in substitution thereof.

MSIG Insurance (Singapore) Pte. Ltd.

Approved Insurers

Craig Ellis Chief Executive Officer